FORM-GB

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

1000000	Gift or Bequest information received by a department or accepted by the Governor on behalf of the state
Constitution of	For office use only indexed
	Audited
	Checked
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:	
STATE TRAINING SCHOOL	
Name of Department or Office 3211 EDGINGTON AVENUE ELDO	DRA, IA 50627
	, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	:
Kristin Hagedon	
Name	
Mailing Address (if different from above) khagedo@dhs.state.ia.us	Cily, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
American Legion Auxiliary Dept. of Des Moines	7
Name	
c/o Marlene Valentine, 720 Lyon St. Des Moines, IA 50309	7/25/12
Malling Address City, State, Zip Code 515-282-7987	7/25/12 \$410.00
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*
	"value is defined as "fair market value" of Item as determined by receiving department or office. If no value mark "0.00".
Ernall Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
cash donation towards the Religious Activites fund for	CTC -t-dta
cash donation towards the Kenglous Activities fully for	515 students
Criteria lo use this form:	
Receipt of any gift or bequest that is received by any department of the sta	te or received by the Governor on behalf of the state.
statement of Affirmation:	
Kristin Hagedon affirm that the gift or bequest reported above i	is accurate. I further affirm that the information concerning the donor and
ssessment of the fair market value (if applicable) is correct and true to the be	est of my knowledge.
1	
Kristin Dagedon	7/31/12
Signature	Date

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STATE TRAINING SCHOOL		
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Malling Address City	City, State, Zip Code	
Area Code & Telephone No.	,	AUG
Name of Department or Office SILEDORA, IA 50627 Malling Address Sch-85-528 Malling Address (Pilephone No. ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE: Kristin Hagedon Name Malling Address (if different from above) Magedo@ths.state faus Email Address (Telephone Number (if different from above) City, State, Zip (if different from above) Malling Address (Telephone Number (if different from above) ONOR OF GIFT OR BEQUEST: Connie K. Christiansen Name 1155 Smithfield St. State College, PA 16801 Malling Address (optional) Provide a description of the gift or bequest and purpose thereof: cash donation to be used towards archival restoration and museum project Criteria to use this form: Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state. Address of the fair market value (if applicable) is correct and true to the best of my knowledge.		
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Email Address	Area Code & Telephone Number (if different from a	bove)
ONOR OF GIFT OR BEQUEST:		
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Name		
1155 Smithfield St. State College, PA 16801		
Mailing Address City, State, Zip Code	\$100.0	0
814-238-2160	Date of Gift or Bequest Amoun	Waiue*
Area Code & Telephone Number	Colombia dan Same me in a gip no a	
	receiving department or office. If no value mark "0.	00°.
Email Address (optional)		
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Kristin Hagedon		
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The second of th	or or my minimized.	
Kristin Hagedon	Aug. 7, 2012	
Signature		